PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

mannenance tee nouricano	ns.				will be mailed to the curren; and/or (b) indicating a seg	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
36163 7590 12/02/2009				Certificate of Mailing or Transmission		
PLUMSEA LAW GROUP, LLC 10411 MOTOR CITY DRIVE SUITE 320				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
BETHESDA, ME	D 20817					(Depositor's name)
					· · · · · · · · · · · · · · · · · · ·	(Signature)
			<u> </u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/776,484	•		Alan J. Ying		74-1003	1879
TITLE OF INVENTION: PROVIDERS ON MOBILE	METHOD AND S TERMINALS	YSTEM FOR EXTRA	CTING MEDICAL INF	ORMATION FOR	R PRESENTATION TO M	ÆDICAL
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1,510	\$300	\$0	\$1,1810	03/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NAJARIAN, LENA		3686	705-003000			
 Change of correspondence CFR 1.363). 	e address or indication	of "Fee Address" (37	7 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys			
Change of corresponde Address form PTO/SB/12	ence address (or Char 22) attached	ge of Correspondence	or agents OR, alternativ	vely,	attorneys	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			registered attorney or agent) and the names of up to			
3. ASSIGNEE NAME AND						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Thompson Reuters (Healthcare) Inc. Ann Arbor, Michigan						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are s Issue Fee	submitted:	4b	4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit						
Advance Order - # of 0	Copies		The Director is hereby overpayment, to Depos	authorized to charg it Account Number	e the required fee(s), any def (enclose an	iciency, or credit any extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Pul interest as shown by the recor	as of the United State	red) will not be accepted s Patent and Trademark	from anyone other than th			
Authorized Signature Intly W. Kandare Thread or printed pages Anthony W. Kandare			Date September 1, 2010			
Typed of printed traine			Registration No. 48,830			
This collection of information an application, Confidentiality submitting the completed app this form and/or suggestions f Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14 Under the Paperwork Reduction	147.071					